

ACTION ON RESOLUTIONS

ONE HUNDRED FOURTEEN RESOLUTIONS came before the 1968 House of Delegates. Each was numbered and assigned to a Reference Committee for consideration and recommendation.

Reference Committees have the option of recommending a resolution for adoption or rejection, for adoption as amended or substituted, or for no action.

Resolutions shown here are in the form in which the House of Delegates approved them for adoption or for referral to the Council or to specified commissions or committees. Where a resolution was not adopted, that report is made here but the language of the resolution is not shown. Copies are available in the CMA office on request.

Each resolution is shown by number and subject and the name and status of each author is recorded.

The action reported at the foot of each resolution was taken by the House of Delegates, March 26 and 27. The referrals were made by the Council at its meeting, May 3 and 4.

SIDNEY J. SHIPMAN, M.D.

Resolution No. 1-68

Committee 3

Introduced by: The Council

WHEREAS, Sidney J. Shipman, M.D., has had an unusually distinguished career of service to medicine over the past forty-seven years; and

WHEREAS, he has served the California Medical Association with ability and dedication as Councilor, Chairman of the Council, Delegate and President, as well as on numerous committees; and

WHEREAS, Doctor Shipman has made outstanding contributions through the San Francisco Medical Society, serving as its President in 1942; and

WHEREAS, his leadership has extended to numerous other areas, including service as the President of the California Tuberculosis Association and the American Tuberculosis Association and as a member of the State Board of Medical Examiners; and

WHEREAS, the Council, by unanimous vote, has requested that the House of Delegates confer "Honorary Membership" in the Association on Doctor Shipman as specified in Chapter II, Section 4(b) of the Bylaws; now, therefore, be it

Resolved: That this House of Delegates elect Sidney J. Shipman, M.D., an Honorary Member of the California Medical Association.

ACTION: *Adopted.*

SALE OF CIGARETTES IN HOSPITALS

Resolution No. 2-68

Committee 3

Introduced by: Walter F. Carpenter, M.D.

Representing: San Diego County

Resolved: That the physicians of this state endorse and support efforts being made to discontinue the sale of cigarettes within hospitals and recommends to the various hospital medical executive staffs that they work toward the end of discontinuing cigarette sales in their respective hospitals and commends those efforts which have already been made in this regard.

ACTION: *Adopted as amended.*

Referred to: Commission on Hospital Affairs.

1 1 1

PHYSICIAN-OWNED HOSPITALS

Resolution No. 3-68

Committee 3B

Introduced by: Walter P. Ellerbeck, M.D.

Representing: Los Angeles County Medical Association

Resolved: That this House of Delegates directs the Council to explore with the California Hospital Association the problem of possible conflict of interest as it relates to optimal care in all hospitals, and that a progress report be made to the 1969 meeting of this House.

ACTION: *Above substitute resolution adopted.*

Referred to: Commission on Hospital Affairs.

1 1 1

RADIATION THERAPY BENEFITS

Resolution No. 4-68

Committee 3

Introduced by: San Mateo County

WHEREAS, certain providers of health care benefits, notably Blue Cross of Northern California, provide radiation therapy benefits only "in lieu of surgery"; and

WHEREAS, radiation therapy may be used either as the sole method of treatment or to complement or supplement surgery and frequently cannot be strictly defined as "in lieu of surgery"; and

WHEREAS, these carriers have used this terminology to withhold benefits from those who rightfully expected coverage for these benefits; and

WHEREAS, this terminology is medically unsound and outmoded and prone to different inter-

pretation in specific instances; now, therefore, be it

Resolved: That this House of Delegates directs the Council of the CMA to inform health insurance carriers and prepaid health plans, by appropriate means, that limitation of liability for radiation therapy benefits by the use of this or similar terminology is medically unsound and unjustified and would be prejudicial to the best interest of their beneficiaries; and be it further

Resolved: That the Insurance Commissioner of the State of California be apprised of the intent of this resolution and be requested to prohibit the use of this limitation of liability in the State of California.

ACTION: Adopted.

Referred to: Commission on Medical Services.

1 1 1

DRUG ABUSE

Resolution No. 5-68

Committee 3

Introduced by: San Mateo County

WHEREAS, drug abuse shall be defined as the intemperate, unauthorized, or illegal self-administration of chemical substances for their mind-altering effect. Such chemical substances shall include, among others, both prescribed and illicitly disseminated drugs of stimulant, sedative, hallucinogenic and narcotic properties—not excluding ethyl alcohol; and

WHEREAS, drug abuse has become a social problem of national importance, far exceeding the capability of a local community to investigate, or control; and

WHEREAS, numerous unrelated lay groups, agencies, quasi-official and official organizations are actively concerned about and involved with the problems provoked by drug abuse; and

WHEREAS, information concerning these drugs is being disseminated indiscriminately without regard to authenticity or source of such information; now, therefore, be it

Resolved: That the California Medical Association shall establish an Interagency Council on Drug Abuse; and be it further

Resolved: That the California Medical Association shall introduce a similar resolution to the delegation of the American Medical Association in order to create such a Council on a National level.

ACTION: Adopted as amended.

Referred to: AMA Delegation and Sub-Committee on Dangerous Drugs for planning.

PROFESSIONAL CORPORATIONS

Resolution No. 6-68

Committee 3

Introduced by: San Mateo County

Resolved: That the California Medical Association exert all legislative efforts to secure passage of legislation to permit formation of professional corporations.

ACTION: Adopted.

Referred to: Committee on Legislation.

1 1 1

DISABILITY AND/OR ILLNESS INSURANCE FOR VOLUNTEER PHYSICIANS SERVING IN VIETNAM

Resolution No. 7-68

Committee 3

Introduced by: Walter Carpenter, M.D.

Representing: San Diego County

WHEREAS, "Project Vietnam" is sponsored by and encouraged by the American Medical Association; and

WHEREAS, the California Medical Association concurs in the encouragement of participation of its members; and

WHEREAS, many individual physicians desire to participate in this program of care for Vietnam civilians; and

WHEREAS, the AMA, CMA and county medical societies' group disability insurance programs will not cover injuries and/or illness incurred in a war zone; now, therefore, be it

Resolved: That the California Medical Association instruct the carrier of its group disability program to arrange immediate coverage for physician volunteers; and be it further

Resolved: That component county medical societies be urged to take similar action with their insurance carriers; and be it further

Resolved: That the California Delegation to the AMA be instructed to introduce a similar resolution at the 1968 annual session in San Francisco in June.

ACTION: Adopted.

Referred to: Commission on Professional Welfare; AMA Delegation; Medical Executives Conference; County Society Presidents.

1 1 1

CONSULTATION WITH LOCAL SOCIETY COMMITTEES

Resolution No. 8-68

Committee CPS

Introduced by: Warren J. Boyer, M.D.

Representing: Yuba-Sutter-Colusa Medical Society

WHEREAS, the California Physicians' Service (California Blue Shield) is the fiscal agent for

Medicare and Medi-Cal programs as well as underwriting agent for a large segment of private prepaid health coverage; and

WHEREAS, Blue Shield has been directed by the State of California to pay the "reasonable" fee of physicians who submit claims on the Medi-Cal program, such "reasonable" fee being determined not to exceed the 60th percentile in local areas as of 1 January 1967; and

WHEREAS, such fee determinations have been arbitrarily set by the State agency without conference with local societies and, further, fail to reflect adjustments which are made of necessity due to increased service and operating costs; and

WHEREAS, continued substandard fees are, in effect, a penalty on private, self sustaining patients already overburdened with subsidies; and

WHEREAS, the State of California and the United States Government, through their respective programs, feel that recipients are entitled to quality medical care, and should be expected to pay no more, but certainly no less, than the standard fee for such care; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association instruct the California Physicians' Service to consult with established committees of local societies before determining what is a "reasonable" fee for an area; and be it further

Resolved: That they instruct CPS to have such consultation with local committees before decisions are made by a regional or statewide review committee as to arbitrary adjustments of submitted claims without explanation; and be it further

Resolved: That CPS be instructed to investigate and adopt, at the earliest possible time, a mechanism to consider individual claims, with local committee consultation, of a higher fee than that established when this increased claim reflects increased operating and service costs of the concerned physician.

ACTION: Above substitute resolution adopted.

Referred to: Blue Shield Board of Trustees.

1 1 1

INTERIM PAYMENTS

Resolution No. 9-68

Committee CPS

Introduced by: Warren J. Boyer, M.D.

Representing: Yuba-Sutter-Colusa Medical Society

ACTION: No action was taken on this resolution.

ANNUAL MEETING DATES

Resolution No. 10-68

Committee 3

Introduced by: The Council

WHEREAS, the 1960 House of Delegates established the meeting dates of the Annual Session to be held between 15 March and 15 April each year; and

WHEREAS, the competition for outstanding speakers is extremely keen; and

WHEREAS, the competition for adequate hotel space increases as mid-year approaches; now, therefore, be it

Resolved: That the California Medical Association establish the dates of its Annual Meeting to be held between 1 February and 15 March of each year; and be it further

Resolved: That the component medical societies in California be urged to adjust elections and other administrative processes so that earlier scheduling of the Annual Meeting will not create hardships on them or the CMA; and be it further

Resolved: That the intent of this resolution become effective two years after adoption, thereby allowing for the necessary changes in the bylaws and constitutions of component medical societies to be effected.

ACTION: Adopted.

1 1 1

CALIFORNIA PHYSICIANS' SERVICE

Resolution No. 11-68

Committee CPS

Introduced by: E. Kenneth Smith, M.D.

Representing: Humboldt-Del Norte Medical Society

WHEREAS, the California Physicians' Service is primarily an organization operated by the physicians of California for the people of California; and

WHEREAS, despite years of service of high order and repute, the California Physicians' Service has recently had problems in communication with its members; now, therefore, be it

Resolved: That the California Medical Association through its Officers and Council shall constantly remind the California Physicians' Service that it is vital that they maintain intelligent communication with the physicians they service, avoid secrecy as to the source and programming of criteria used in making their computerized decisions, and establish a comprehensive cross-filing system to allow a ready access to details for prompt replies to enquiries.

ACTION: Adopted as amended.

Referred to: Blue Shield Board of Trustees.

ENVIRONMENTAL QUALITY

Resolution No. 12-68

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, population growth, with heightened population density, rapid advances in technology, increasing urbanization, and changes in living patterns for many of our citizens all have effects on the environment of the United States; and

WHEREAS, the California Medical Association believes in the highest attainable environmental quality, including healthful housing, community noise control, accident prevention, adequate and diversified places of recreation, open space, and control of the adverse effects of crowding; now, therefore, be it

Resolved: That the California Medical Association recognizes the present future necessity of high environmental quality as a major public health concern and urges that responsible government agencies be strengthened in order to develop and provide the technology for defining, measuring and monitoring aspects of environmental quality; and be it further

Resolved: That this resolution be introduced into the House of Delegates of the American Medical Association at its next meeting.

ACTION: Adopted as amended.

Referred to: Committee on Environmental Health; Commission on Community Health Services; AMA Delegation.

1 1 1

EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES CERTIFICATE

Resolution No. 13-68

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, the Council on Medical Education of the AMA requires a certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.) for all foreign interns and residents serving in approved internships and residencies in the United States; and

WHEREAS, the California Board of Medical Examiners requires a special written examination before permitting graduates of foreign medical schools to accept appointments as interns or residents in California hospitals; and

WHEREAS, the Council on Medical Education will not accept the written examination of the California Board of Medical Examiners in lieu of the E.C.F.M.G. certificate; now, therefore, be it

Resolved: That the California Medical Association urge the California Board of Medical Examiners to require an E.C.F.M.G. certificate of

foreign medical graduates as qualification for examination; and be it further

Resolved: That the Board of Medical Examiners inform all applicants for examination of the requirement that foreign medical graduates must have an E.C.F.M.G. certificate to be eligible for an approved internship or residency in this state.

ACTION: Referred to Council.

Referred to: Division of Government Relations.

1 1 1

HOSPITAL BOARDS

Resolution No. 14-68

Committee 3B

Introduced by: San Francisco Delegation

WHEREAS, statements in the Health Manpower Commission's report to the President indicate hospitals will be playing a more and more active role in the delivery of health care; and

WHEREAS, the principle of broader representation on hospital governing boards has been endorsed by the CMA and AMA through their recommendations that physicians serve on such boards; and

WHEREAS, most hospitals receive support from a wide spectrum of agencies, by federal, state and local government, voluntary groups, private individuals, organized medicine and physicians themselves; now, therefore, be it

Resolved: That this House not only endorse its prior action but recommend broader representation of the community as a whole on hospital governing boards; and be it further

Resolved: That the CMA, through its Council, communicate with the California Hospital Conference on any necessary changes in The Guiding Principles and seek a joint conference at which this subject may be fully discussed and a joint understanding reached, with a report within six months.

ACTION: Adopted.

Referred to: Commission on Hospital Affairs.

1 1 1

HOSPITAL COSTS

Resolution No. 15-68

Committee 3B

Introduced by: San Francisco Delegation

ACTION: Resolution withdrawn.

1 1 1

MEDICAL EXECUTIVE TRAINING

Resolution No. 16-68

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, the problems of county medical societies have become more numerous and complex

because of government, insurance and labor involvement in health care; and

WHEREAS, the position of Executive Secretary of a county medical society is a highly specialized occupation requiring considerable knowledge and ability; and

WHEREAS, to date there has been no organized plan to train future county medical society executive secretaries; now, therefore, be it

Resolved: That the California Medical Association through its Council explore the feasibility of a medical executive training program in the various major portions of the state.

ACTION: *Adopted.*

Referred to: Medical Executives Conference for study and report back to Council.

1 1 1

OBITUARY NOTICES

Resolution No. 17-68

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, inclusion of the cause of death in the obituary columns of the *Journal of the American Medical Association* and *California Medicine* sometimes can cause embarrassment and additional sorrow to the survivors; now, therefore, be it

Resolved: That the California Medical Association delegation to the American Medical Association requests that the American Medical Association review its policy of listing cause of death in the obituary columns of the *Journal of the American Medical Association*, and be it further

Resolved: That the California Medical Association review its policy of listing cause of death in the obituary columns of *California Medicine*.

ACTION: *Adopted as amended.*

Referred to: Committee on CALIFORNIA MEDICINE; AMA Delegation.

1 1 1

AIR POLLUTION

Resolution No. 18-68

Committee 3

Introduced by: Santa Clara County Delegation

WHEREAS, air pollution is increasing despite efforts to control it; and

WHEREAS, Federal and State laws and regulations now in effect will, at best, maintain the present unsatisfactory conditions; and

WHEREAS, physicians are seeing more patients with diseases attributable to the irritating and dangerous effects of air pollution; and

WHEREAS, it is found necessary to advise some

patients to move away because of man-made air pollution; and

WHEREAS, vehicular air pollution, now the major source in California, is subject to control only by the State and Federal governments; and

WHEREAS, the costs of illness associated with air pollution justify extensive expenditures for its control; now, therefore, be it

Resolved: That it shall be the policy of the California Medical Association to support vigorously all rational efforts for the control of air pollution, to request that the California Legislature and the Federal Congress enact legislation which will promptly curb vehicular air pollution by the enforcement of methods already known to be effective, and to urge the support of studies and the enactment of laws which will assure a healthful air supply in the future; and be it further

Resolved: That the intent of this resolution be introduced into the next meeting of the House of Delegates of the AMA.

ACTION: *Adopted as amended.*

Referred to: Committee on Legislation; Committee on Environmental Health Services; AMA Delegation.

1 1 1

IMPROVE SOCIETY'S ABILITY TO SELF-DISCIPLINE

Resolution No. 19-68

Committee 3B

Introduced by: Santa Clara County Delegation

WHEREAS, the State Board of Medical Examiners may presently discipline physicians for some types of criminal behavior, gross incompetence, gross neglect or gross immorality; and

WHEREAS, the State Board of Medical Examiners is unable to take action in cases of unprofessional but non-criminal conduct by physicians; and

WHEREAS, County Medical Societies can only expel a member by cumbersome and legally hazardous procedure; and

WHEREAS, expulsion means little to the unethical physicians; now, therefore, be it

Resolved: That an ad hoc committee of the CMA be appointed to evaluate the means of providing effective professional discipline by component societies and to study the medical aspects of the Business & Professional Code; and be it further

Resolved: That appropriate recommendations be made prior to the next meeting of this House of Delegates.

ACTION: *Above substitute resolution adopted.*

Referred to: Commission on Professional Welfare.

**COMMENDATION OF
CALIFORNIA BLUE SHIELD**

Resolution No. 20-68

Committee CPS

Introduced by: Joseph W. Telford, M.D.

Representing: San Diego Delegation

WHEREAS, this House of Delegates has passed several policy statements on the desirability of reimbursing physicians on the basis of usual and customary fees as the most equitable method of payment for services; and

WHEREAS, California Blue Shield, our CMA-sponsored organization, and insurance carriers, have been repeatedly requested to apply the usual and customary concept; and

WHEREAS, California Blue Shield, responding to the desires of this House of Delegates, has aggressively sold, to groups and individuals, new programs which include usual and customary fee payments; and

WHEREAS, this marketing effort has resulted in now having approximately fifty percent of Blue Shield subscriber members on usual and customary fees, as of 1967; now, therefore, be it

Resolved: That this House of Delegates express its appreciation to the Board of Trustees and management of Blue Shield for its outstanding record in new sales and the upgrading of plans to include payment to physicians of usual and customary fees; and be it further

Resolved: That county medical societies, their membership, and California Blue Shield continue to cooperate in every possible way to encourage major subscriber groups and others to adopt the usual and customary method of payment for physicians' services.

ACTION: Adopted.

Referred to: Blue Shield Board of Trustees; Officers of component medical societies.

1 1 1

**STATE BUDGETARY CUTS IN
MENTAL HEALTH SERVICES**

Resolution No. 21-68

Committee 3

Introduced by: Leon P. Fox, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, the 1967 cutback in the budgetary funds for the State Department of Mental Hygiene has cancelled important treatment programs and impaired the overall effective function of staff personnel throughout the State; and

WHEREAS, the quantity and morale of the personnel rendering mental health care has been significantly lowered; and

WHEREAS, this "economical" effort of the State Administration has evidenced a deterioration and backward step in medical progress in health care and a resulting costly overall waste that California can ill afford; now, therefore, be it

Resolved: That the California Medical Association emphatically state that it decries the costly results of previous budget cutting for all health services including those of the Department of Mental Hygiene; and be it further

Resolved: That the California Medical Association make every available effort to appeal to the State Administration and Legislature to appropriate adequate funds to restore and upgrade the mental and other health programs in California to acceptable standards.

ACTION: Referred to Council for further study.

Referred to: Commission on Public Agencies for study and report back to Council.

1 1 1

MEDICAL TECHNOLOGY SCHOOLS

Resolution No. 22-68

Committee 3B

Introduced by: Leon P. Fox, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, there now exists a serious shortage of well trained medical technologists; and

WHEREAS, because of this shortage, all qualified institutions should be encouraged to offer training in medical technology; and

WHEREAS, a requirement in the Essentials for Accredited Schools of Medical Technology to require facilities for enrollment of ten or more students will effectively prevent many well qualified institutions from offering approved training; and

WHEREAS, there are many more effective ways to insure that unqualified schools are not approved, such as most importantly an effective individual inspection program; and

WHEREAS, the California Association of AMA Approved Schools of Medical Technology has formally protested changes in the essentials which would eliminate schools on basis of size; now, therefore, be it

Resolved: That the California Medical Association go on record as approving the stand of the California Association of AMA Approved Schools of Medical Technology and make this known to the authoritative American Association of Clinical Pathologists; and be it further

Resolved: That the CMA delegates to the AMA propose a similar resolution to the AMA House of Delegates.

ACTION: Adopted as amended.
**Referred to: Committee on Allied Health Professions;
AMA Delegation.**

1 1 1

NATIONAL STUDY COMMITTEE ON ORGAN TRANSPLANTS

Resolution No. 23-68 Committee 3B

Introduced by: Leon P. Fox, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, the outstanding research in organ transplantation has entered the era of clinical applicability; and

WHEREAS, the tireless investigators and clinicians in this field face an increasing number of challenging problems in religious, moral, ethical and legal as well as medical areas which need definition and clarification; and

WHEREAS, these problems could interfere with progress in this new field of medical science; and

WHEREAS, it is more appropriate for the medical profession to take leadership in solving these problems than others; now, therefore, be it

Resolved: That the delegates from CMA to AMA be directed to introduce appropriate resolutions to the AMA House of Delegates instigating the appointment of a national blue ribbon ad hoc committee including leaders in religion, law and medical science who are knowledgeable in the field of organ transplantation, to study these problems and develop possible guidelines which would be useful to the clinicians.

ACTION: Adopted.

Referred to: AMA Delegation.

1 1 1

PROGRAMS FOR SCIENTIFIC SESSION

Resolution No. 24-68 Committee 3

Introduced by: James J. McCort, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, the meetings of the Scientific Sections of the California Medical Association have in the past not been well attended by the members; and

WHEREAS, the Scientific Sections of the CMA have been separate from the specialty organizations at the State level; and

WHEREAS, the 1967 Conference of Medical Specialty Representatives held at the Hilton Inn 7 October 1967 recommended that the Scientific Sections of CMA be merged with the Specialty Societies at the State level; now, therefore, be it

Resolved: That the CMA Scientific Board make every effort to have the various Scientific Sections interest their respective State Specialty Societies

in having combined meetings at the Annual Session of the CMA.

ACTION: Adopted.

Referred to: Scientific Board.

1 1 1

SUBSIDIZING MEDICAL GROUPS

Resolution No. 25-68 Committee 3A

Introduced by: Howard Lindsey, M.D.

Representing: San Mateo County Medical Society

WHEREAS, the federal government is actively spending our taxes to promote and even subsidize group medical practice; and

WHEREAS, the federal government is not equally promoting and subsidizing the individual or solo-type practice of medicine; and

WHEREAS, this puts the individual practitioner of medicine and especially the physician attempting to enter the solo practice of medicine at a distinct disadvantage; now, therefore, be it

Resolved: That the California Medical Association go on record as opposing this discriminatory practice; and be it further

Resolved: That this resolution be presented to the American Medical Association for appropriate action.

ACTION: Adopted.

Referred to: AMA Delegation.

1 1 1

ALLOWED CHARGES

Resolution No. 26-68 Committee 3A

Introduced by: Howard Lindsey, M.D.

Representing: San Mateo County Medical Society

WHEREAS, the Explanation of Benefits form contains title headings such as "Allowed Charges" and "Charges Not Allowed"; and

WHEREAS, such so-called explanatory terms not only do not accurately describe the basis for payments made to, or on behalf of, recipients, but may imply criticism of the physicians' charges; now, therefore, be it

Resolved: That the Delegation to the American Medical Association request the Board of Trustees to attempt to effect such a change in the terminology of Medicare Explanation of Benefits form through the liaison mechanism to the Social Security Administration which is currently operant.

ACTION: Above substitute resolution adopted.

Referred to: AMA Delegation.

CERTAINTY OF COVERAGE

Resolution No. 27-68

Committee 3A

Introduced by: Howard Lindsey, M.D.

Representing: San Mateo County Medical Society

WHEREAS, many insurance and other medical care programs today are stressing first dollar coverage of limited medical care programs; and

WHEREAS, the patient is always concerned as to whether a certain illness or condition may or may not be covered; and

WHEREAS, the patient's fear that he will not be covered and actual lack of coverage of an illness is far more real and disastrous to the patient than lack of first dollar coverage; now, therefore, be it

Resolved: That the California Medical Association actively stress in all its deliberations and discussions concerning medical care programs with the public, government, insurance companies and other groups, the paramount importance of certainty of coverage.

ACTION: Referred to Council for further referral to Commission on Medical Services.

Referred to: Commission on Medical Services.

1 1 1

MEDICAL UTILIZATION REVIEW

Resolution No. 28-68

Committee 3A

Introduced by: Harry E. Hill, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, county medical societies have repeatedly offered their services to self-discipline suspected overutilization practices under the Medi-Cal program; and

WHEREAS, California Blue Shield has vigorously pursued cases of suspected overutilization with, and at the direction of, the county medical society review committees concerned; and

WHEREAS, several physicians and providers of services have been recommended for suspension from the Medi-Cal program in response to this joint effort; now, therefore, be it

Resolved: That the California Medical Association urge the Office of Health Care Services to act expeditiously in the administrative procedures to suspend physicians and providers of services from the Medi-Cal program upon the recommendation of the County Medical Society Review Committee and the California Blue Shield; and be it further

Resolved: That each county medical society in California and California Blue Shield continue their joint efforts, to the fullest extent possible, in case findings and review of suspected overutilization cases in order to improve the quality of medi-

cal care and correct case of overutilization of services; and be it further

Resolved: That this resolution be sent to members of the California Legislature and the Executive Branch of the State Government.

ACTION: Adopted.

Referred to: Division of Government Relations to notify Legislature and Office of Health Care Services.

1 1 1

UNJUSTIFIED MEDICAL LITIGATION CASES

Resolution No. 29-68

Committee 3B

Introduced by: M. A. Schmutz, M.D.

ACTION: Not adopted.

1 1 1

COMMENDATION FOR DR. JAMES YANT

Resolution No. 30-68

Committee 3

Introduced by: 11th District Delegation

WHEREAS, Dr. James Yant has served the CMA, the Eleventh District and the Sacramento Society for Medical Improvement for many years in an outstanding manner as Councilor, Delegate and in numerous committee capacities; and

WHEREAS, Dr. Yant has indicated his retirement as district councilor; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association join with the Eleventh District and the Sacramento Society for Medical Improvement in expressing its sincere appreciation and in bestowing its commendation to Dr. Yant for his outstanding representation and leadership.

ACTION: Adopted.

1 1 1

MULTIPHASIC SCREENING PROGRAMS

Resolution No. 31-68

Committee 3B

Introduced by: Glenn A. Pope, M.D.

WHEREAS, it appears that some form of multiphasic screening may be extensively tested in the examination of large numbers of individuals; and

WHEREAS, such programs can only be successful with proper planning, supervision and adequate follow-up; and

WHEREAS, such programs have recently been tried and are being proposed where the above criteria have not been fulfilled; and

WHEREAS, such planning and evaluation can best be done within existing medical facilities; now, therefore, be it

Resolved: That the California Medical Association request any organization contemplating such

a program to establish liaison for the purposes of consultation and assistance.

ACTION: *Above substitute resolution adopted.*

Referred to: *Commission on Community Health Services.*

1 1 1

RADIATION THERAPY

Resolution No. 32-68

Committee 3

Introduced by: Charles Grayson, M.D.

ACTION: *No action was taken on this resolution.*

1 1 1

CMA TELEVISION PROGRAM

Resolution No. 33-68

Committee 3B

Introduced by: Lewis H. Lambert, M.D.

ACTION: *No action was taken on this resolution.*

1 1 1

SAN FRANCISCO CENTENNIAL COMMENDATION

Resolution No. 34-68

Committee 3

Introduced by: 11th District

WHEREAS, the San Francisco Medical Society is enjoying its Centennial year; and

WHEREAS, the San Francisco Medical Society has served the California Medical Association and the State of California well for many years by supplying outstanding, dedicated physicians to serve in vital and important positions; now, therefore, be it

Resolved: That the House of Delegates join with the Sacramento Society for Medical Improvement and the 11th CMA District in commending the San Francisco Medical Society on its 100th anniversary; and be it further

Resolved: A suitable scroll be prepared to honor this occasion.

ACTION: *Adopted.*

Referred to: *Division of Professional and Public Relations.*

1 1 1

MEDI-CAL ELIGIBILITY CERTIFICATION

Resolution No. 35-68

Committee CPS

Introduced by: Abe E. Berman, M.D.

WHEREAS, the determination of eligibility for Medi-Cal services has been a major factor causing frequent delay in processing of claims for payment; and

WHEREAS, the State of California and California Blue Shield as fiscal intermediary have been studying various methods of eligibility certification, in-

cluding a pilot program with a multi-card system in San Bernardino County; now, therefore, be it

Resolved: That the California Medical Association commend all such efforts to solve this complex problem and urge that all parties give major priority to improving the mechanism of eligibility certification for Medi-Cal services.

ACTION: *Adopted.*

Referred to: *Blue Shield Board of Trustees; Division of Government Relations.*

1 1 1

SACRAMENTO CENTENNIAL COMMENDATION

Resolution No. 36-68

Committee 3

Introduced by: Thomas Elmendorf, M.D.

WHEREAS, on 17 March 1968 the Sacramento Society for Medical Improvement, known as the Sacramento County Medical Society, achieved the distinction of 100 years of continuous successful and distinguished service; and

WHEREAS, the Sacramento Society for Medical Improvement has been a strong and leading constituent of the California Medical Association through these hundred years; and

WHEREAS, throughout the century, the Sacramento Society has furnished many distinguished officers to the California Medical Association House of Delegates, the Council and its committees; and

WHEREAS, the Sacramento Society for Medical Improvement has also furnished invaluable services to the California Physicians' Service and the Public Health League; now, therefore, be it

Resolved: That the House of Delegates and the Council concurring, extend to the Sacramento Society for Medical Improvement its heartiest congratulations and sincerest wishes for continued service; and be it further

Resolved: That a suitable scroll be inscribed and forwarded to this ancient and honorable member society.

ACTION: *Adopted.*

Referred to: *Division of Professional and Public Relations.*

1 1 1

MEDICAL DATA PROCESSING

Resolution No. 37-68

Committee 3A

Introduced by: Franklin Murphy, M.D.

WHEREAS, the explosive growth of data processing capabilities has wrought profound changes in hospitals, medical insurance and government; and

WHEREAS, the physicians of California need fur-

ther representation of their interests in this field; now, therefore, be it

Resolved: That a committee be established by the Council of the California Medical Association to represent the physicians of California in the broad field of automation and data processing, including the processing of claims for physicians' services, to the end that the needs of physicians will be properly recognized in the programming of this rapidly developing facet of medicine and medical economics.

ACTION: *Referred to Council for further referral to Bureau of Research and Planning.*

Referred to: Bureau of Research and Planning for study and report back to Council.

1 1 1

MEDI-CAL RESOLUTION

Resolution No. 38-68 Committee 3A

Introduced by: Edward J. Wiater, M.D.

Representing: Long Beach Delegation

ACTION: *No action was taken on this resolution.*

1 1 1

NARCOTICS AND DANGEROUS DRUGS

Resolution No. 39-68 Committee 3

Introduced by: Thomas Kiddie, M.D.

Representing: Long Beach Delegation

WHEREAS, the abuse of narcotics and dangerous drugs is a serious and increasing problem in our society today; and

WHEREAS, our young persons are most vulnerable to this threat, and by the same token most susceptible to education underlying the extreme dangers involved; now, therefore, be it

Resolved: That the California Medical Association increase its activities in disseminating information as to the true dangers of narcotics and dangerous drugs; and be it further

Resolved: That the California Medical Association, at its earliest convenience, establish workshops and/or other educational programs to bring the latest and most authentic data on the physiologic and pathologic effects of these dangerous substances to our members, so that they in turn can disseminate this information to our youth, to parents, to teachers, and all others interested in the well-being of our society; and be it further

Resolved: That the California Medical Association assist those medical societies which do not presently have committees on narcotics and dangerous drugs to establish them.

ACTION: *Adopted as amended.*

Referred to: Sub-Committee on Dangerous Drugs.

STANDARD INSURANCE BILLING FORM

Resolution No. 40-68

Committee 3A

Introduced by: Edward J. Wiater, M.D.

Representing: Long Beach Delegation

WHEREAS, with the advent of governmentally regulated programs of health care, an ever increasing demand of "paper work" on the part of physicians has resulted; and

WHEREAS, the physician's responsibility primarily should be centered on the patient care, not on "paper care"; and

WHEREAS, fiscal intermediaries for Medi-Cal, Medicare and Champus programs, as well as Blue Shield, Blue Cross and other insurance carriers have demanded completion of their individualized insurance forms for reimbursement of physicians' services; and

WHEREAS, standardized insurance forms have been developed in the past to meet the needs of insurance companies; and

WHEREAS, automated copying machines provide quick, clear and simplified means of providing billing information and thus should eliminate the copying of this information on insurance forms; now, therefore, be it

Resolved: That the California Medical Association study, develop, implement and authorize the creation of a standardized simplified form for billing of Medi-Cal, Medicare, Champus, as well as other insurance billing for physicians' services; and be it further

Resolved: That such an insurance form provide for the rendering of necessary billing information by automated copying machines; and be it further

Resolved: That the insurance companies concerned be advised of this effort and be invited to cooperate and to help in the development of such a standardized simplified form; and be it further

Resolved: That the staff of the California Medical Association exert its efforts to the promotion and acceptance of this form by patients, insurance companies and doctors.

ACTION: *Referred to the Council for further referral to the Commission on Medical Services.*

Referred to: Commission on Medical Services.

1 1 1

STUDY AND SUPPORT OF PRECEPTORSHIPS

Resolution No. 41-68

Committee 3B

Introduced by: James W. Goettle, M.D.

Representing: Tulare County Delegation

WHEREAS, the use of preceptorships to acquaint medical students with some of the facts of the pri-

vate practice of medicine before they decide upon their main interest is an old and proven system; and

WHEREAS, in California the establishment and funding of such preceptorships has not been systematic and has not been fostered by CMA; now, therefore, be it

Resolved: That the subject of preceptorships be studied by the Board of CMERF and if possible funds awarded to support them.

ACTION: *Adopted.*

Referred to: *California Medical Education and Research Foundation.*

1 1 1

QUALITY AND MAINSTREAM MEDICAL CARE

Resolution No. 42-68

Committee 3A

Introduced by: Charles D. Kranzdorf, M.D.

WHEREAS, the art and science of medicine in its highest form in the twentieth century takes the position that man is a totality whose illnesses can only be fully understood when the entire psychobiologic unit is apprehended at one time; and

WHEREAS, the practice of medicine requires the free and unfettered application of any and all knowledge appropriate to the diagnosis and treatment of disease as it naturally occurs; and

WHEREAS, artificially compartmentalized views of human illness render disservice to the patient and demean the physician who seeks to practice his profession honorably through the exercise of his best judgment without regard to the source of compensation for his services; and

WHEREAS, to take a contrary position is to invoke a double standard of medicine predicated upon the wealth of the patient rather than the needs of the patient; and

WHEREAS, the indigent of the State of California are entitled to mainstream medical care; now, therefore, be it

Resolved: That

1. The California Medical Association affirms the position that each patient should be afforded diagnosis and treatment as seems appropriate to his needs regardless of the presence or absence of any governmental or non-governmental agency asserting fiscal responsibility.

2. The California Medical Association resists, in all ways possible, incursions upon the free exercise of medical judgment.

3. The California Medical Association opposes any and all attempts to discriminate against any segment of the indigent medical population on the basis of diagnosis, or against any segment of the

medical profession, on the basis of medical, psychiatric, surgical or other specialties practiced.

ACTION: *Adopted as amended.*

Referred to: *Division of Government Relations.*

1 1 1

LOCAL DETERMINATION IN PL 749 PROJECTS

Resolution No. 43-68

Committee 3A

Introduced by: William G. Donald, M.D.

Representing: Alameda-Contra Costa Medical Association

ACTION: *See Resolution No. 93-68 with which this resolution was combined.*

Referred to: *ad hoc Task Force on Public Law 89-749; AMA Delegation.*

1 1 1

PODIATRY

Resolution No. 44-68

Committee 3B

Introduced by: Harold J. Eisenberg, M.D.

Representing: Alameda-Contra Costa Medical Association

WHEREAS, the medical profession has determined that it is in the best interest of the public that surgeons undergo lengthier and more intensive training than was formerly the case; and

WHEREAS, podiatrists, having gained recognition relative to their functions in the prophylactic and minor surgical care of the foot are now demanding the right to membership on hospital staffs for the purpose of carrying out major surgical procedures on the foot and related areas; and

WHEREAS, there is no area of major foot surgery which cannot be better performed by orthopaedic specialists of the medical profession; now, therefore, be it

Resolved: That the CMA recommend that hospital staffs disapprove admission to hospital staff membership of practitioners of podiatry and strongly recommend to all members of the CMA that they refrain from participating as preceptors of podiatrists in major surgical procedures and that all members of the CMA should refrain from lending false respectability to the activities of podiatrists by participating in, and taking responsibility for, surgical procedures performed by podiatrists in hospital operating rooms; and be it further

Resolved: That the CMA request its representatives at the AMA level to request institutions of a similar policy on a national level.

ACTION: *Referred to Council for study before definitive action.*

Referred to: *Commission on Hospital Affairs.*

**BLUE SHIELD CONTRACT WITH MEDICARE
AND MEDI-CAL**

Resolution No. 45-68

Committee CPS

Introduced by: Peter Kunkel, M.D.

Representing: Alameda-Contra Costa Medical Association

Resolved: That this House recommend to the Board of Trustees of California Blue Shield that it consider the termination of its contract to administer a government program if demands made by such program upon California Blue Shield jeopardize the good working relationship between California Blue Shield and the physicians of this State.

ACTION: Above substitute resolution adopted.

Referred to: Blue Shield Board of Trustees.

1 1 1

**PRE-PAYMENT PROGRAM FOR
MEDI-CAL RECIPIENTS**

Resolution No. 46-68

Committee CPS

Introduced by: Peter Kunkel, M.D.

Representing: Alameda-Contra Costa Medical Association

WHEREAS, it is in the best interest of the medical profession as well as the public to seek out the most economical ways of delivering medical care of high quality to indigent citizens of this State; and

WHEREAS, it seems probable that the sharing of financial risk would act as a potent motive for economy; now, therefore, be it

Resolved: That this House encourage the acquisition by California Blue Shield of experience with prepayment programs for Medi-Cal recipients, incorporating the sharing of risks by the State, the fiscal intermediary and the providers of care.

ACTION: Adopted.

Referred to: CMA Executive Committee; Blue Shield Board of Trustees; Committee on Legislation; Officers of Component Medical Societies.

1 1 1

NATIONAL INFORMATION RETRIEVAL CENTER

Resolution No. 47-68

Committee 3A

Introduced by: Stanley R. Truman, M.D.

Representing: Alameda-Contra Costa Medical Association

WHEREAS, the problems of cancer, heart disease and stroke have been recognized as deserving urgent attention by both the medical profession and the people; and

WHEREAS, public funds have been made available to combat these diseases from all approaches; and

WHEREAS, the greatest weakness in the understanding and the treatment of these conditions is in the dissemination of accurate and up to date information to the profession; now, therefore, be it

Resolved: That this association urges the establishment of a national information retrieval center wherein should be stored all available information about these diseases. Appropriate regional information service centers linked to the national center and readily available to the profession should be established throughout the United States.

ACTION: Referred to CMA representatives to the California Committee on Regional Medical Programs.

Referred to: CMA representatives to California Committee on Regional Medical Programs.

1 1 1

PRESIDENT'S PAGE FOR CMA PRESIDENT

Resolution No. 48-68

Committee 3

Introduced by: Stanley R. Truman, M.D.

Representing: Alameda-Contra Costa Medical Association

ACTION: Withdrawn.

1 1 1

**EQUAL INDEMNITY FOR HOSPITAL
PRACTITIONERS AND PRIVATE PRACTITIONERS**

Resolution No. 49-68

Committee CPS

Introduced by: Stanley R. Truman, M.D.

Representing: Alameda-Contra Costa Medical Association

ACTION: No action was taken on this resolution.

1 1 1

VALUES UNDER MEDICARE

Resolution No. 50-68

Committee CPS

Introduced by: Stanley R. Truman, M.D.

Representing: Alameda-Contra Costa Medical Association

ACTION: Withdrawn by author.

1 1 1

**STUDY OF NON-UTILIZATION IN
CLOSED PANEL PLANS**

Resolution No. 51-68

Committee 3A

Introduced by: Stanley R. Truman, M.D.

Representing: Alameda-Contra Costa Medical Association

WHEREAS, lower rates of utilization of hospital, medical and surgical care in prepaid closed panel group plans are frequently cited as an indication of superior economies in the provision of medical care under such plans; and

WHEREAS, this lower rate of utilization has not been accurately measured; now, therefore, be it

Resolved: That the California Medical Association be asked to undertake a study to determine, insofar as feasible, the number of closed-panel subscribers who procure their medical care at their own expense from private practitioners in spite of the fact that they have already paid a premium for

this care to a closed panel plan which they do not choose to use.

ACTION: *Referred to Council for further referral to the Bureau of Research and Planning.*

Referred to: Bureau of Research and Planning.

1 1 1

PAYMENTS FOR PORTABLE X-RAY SERVICE IN NURSING HOMES

Resolution No. 52-68

Committee 3A

Introduced by: Stanley R. Truman, M.D.

Representing: Alameda-Contra Costa Medical Association

WHEREAS, under Section 1861.S3 of the Social Security Act as amended by Public Law 90-248 (H.R. 12080), an extended care facility is not defined as being a "patient's home," or residence, and

WHEREAS, any physician is prevented from billing his patient direct and receiving payment for portable x-rays performed under his supervision; now, therefore, be it

Resolved: That the California Medical Association recommend that with regard to the provision of such services, the extended care facility be defined as a residence in order that the physician may bill the patient for his professional services; and be it further

Resolved: That the Delegation to the American Medical Association request the Board of Trustees to secure, through its appropriate committee, a change in the Medicare regulations.

ACTION: *Above substitute resolution adopted.*

Referred to: AMA Delegation and Committee on Long-Term Care Facilities.

1 1 1

MOTORCYCLE LICENSING

Resolution No. 53-68

Committee 3B

Introduced by: Laurance A. Mosier, M.D.

Representing: Orange County Medical Association

WHEREAS, in the United States there are approximately one million new motorcycles registered annually; and

WHEREAS, deaths and injuries from motorcycles have doubled from 1962 to 1966 with a fatality rate per vehicle 11-18 times higher than for automobiles; and

WHEREAS, various studies have revealed that injuries and deaths of motorcycle riders are frequently due to inexperience and unfamiliarity with a motorcycle; and

WHEREAS, 20-30 percent of motorcycle deaths in studies occurred while riding rented or borrowed motorcycles; and

WHEREAS, a Californian with only a Learner's Permit can now rent a motorcycle; and

WHEREAS, New York, New Jersey, Maine, Oregon and Hawaii require special motorcycle licenses, issued after showing proficiency in handling a motorcycle; and

WHEREAS, this House of Delegates has previously supported efforts to obtain adequate licensing and safety requirements; and

WHEREAS, The Automotive and Traffic Safety Committee of the California Medical Association strongly endorses efforts to obtain adequate licensing requirements and desires reaffirmation by the House of Delegates; and

WHEREAS, it is desirable to have a valid operator's license for a four-wheeled vehicle prior to issuance of a motorcycle license; now, therefore, be it

Resolved: That the California Medical Association reaffirm its endorsement of efforts to secure legislation requiring special motorcycle licensing by the State Motor Vehicle Department; and be it further

Resolved: That the California Medical Association support Senate Bill 111 (Dills Bill) regarding motorcycle licensing and safety.

ACTION: *Adopted.*

Referred to: Committee on Legislation.

1 1 1

STANDARDS FOR ALCOHOL DETERMINATIONS IN BIOLOGICAL SPECIMENS

Resolution No. 54-68

Committee 3B

Introduced by: Laurance A. Mosier, M.D.

Representing: Orange County Medical Association

WHEREAS, scientific experiments have consistently demonstrated that tests for alcohol in biologic specimens are much more accurate than clinical examinations in identifying the presence of alcohol and the quantity ingested; and

WHEREAS, "Implied Consent" legislation has been passed by the California State Legislature in 1966 in recognition of this fact; and

WHEREAS, the Automotive and Traffic Safety Committee of the California Medical Association believes it is necessary for such tests to be sufficiently accurate to meet the needs of the courts, and to protect the public interest; now, therefore, be it

Resolved: That the California Medical Association approve and actively seek the establishment of statewide standards to insure that the collecting, analytical testing and reporting of alcoholic con-

centrations in biological specimens will be performed in a manner that meets scientific criteria for accuracy.

ACTION: *Adopted.*

Referred to: Committee on Automotive and Traffic Safety and Scientific Board.

1 1 1

PRESUMPTIVE LIMITS FOR BLOOD ALCOHOL

Resolution No. 55-68 Committee 3B

Introduced by: Laurance A. Mosier, M.D.

Representing: Orange County Medical Association

WHEREAS, alcohol is a positive factor in approximately 50 percent of traffic fatalities; and

WHEREAS, the National Safety Council Committee on Alcohol and Drugs has recommended that 100 mgm percent of blood alcohol be established as a presumptive limit of inebriation which represents a level consistently accompanied by objective evidence of deterioration of driving skills, even in chronic alcoholics; and

WHEREAS, the California Medical Association Automotive and Traffic Safety Committee strongly endorses 100 mgm percent of blood alcohol as a presumptive limit of "being under the influence of alcohol"; and

WHEREAS, the presumptive limit will not be construed as limiting the introduction of any other competent evidence bearing upon the question of whether the person was under the influence of alcohol, even though said alcohol may be less than 100 mgm percent; now, therefore, be it

Resolved: That the California Medical Association approve the presumptive limit of 100 mgm percent of blood alcohol and that efforts be made to support AB 147, establishing this level of blood alcohol as a presumptive limit of "being under the influence of alcohol."

ACTION: *Adopted.*

Referred to: Committee on Legislation.

1 1 1

PHYSICIANS' GUILD

Resolution No. 56-68 Committee 3

Introduced by: Marshall Stonestreet, M.D.

Representing: Orange County Medical Association

ACTION: *Not adopted.*

1 1 1

CHANGES IN PL 89-97 — RECERTIFICATION

Resolution No. 57-68 Committee 3A

Introduced by: Marshall Stonestreet, M.D.

Representing: Orange County Medical Association

WHEREAS, H.R. 12080 (Social Security Amendments of 1967) as passed makes steps in the right direction, but does not go far enough — in that it avoids certification, but not recertification; and

WHEREAS, the arguments against certification apply equally well against recertification; now, therefore, be it

Resolved: That the California Medical Association call on the Congress of the United States to eliminate recertification in the regulations pertaining to Public Law 89-97.

ACTION: *Adopted and referred to California delegation to the AMA.*

Referred to: AMA Delegation.

1 1 1

REPEAL OF ALL MEDICARE TYPE FEDERAL LEGISLATION

Resolution No. 58-68 Committee 3A

Introduced by: Marshall Stonestreet, M.D.

Representing: Orange County Medical Association

ACTION: *Not adopted.*

1 1 1

CHANGES IN PL 89-97 — DIRECT BILLING

Resolution No. 59-68 Committee 3A

Introduced by: Marshall Stonestreet, M.D.

Representing: Orange County Medical Association

WHEREAS, H.R. 12080 (Social Security Amendments of 1967) as passed makes steps in the right direction, but does not go far enough — in that it permits direct billing for some Title XIX patients, but not for others; and

WHEREAS, the arguments for direct billing apply equally well for all patients; now, therefore, be it

Resolved: That the California Medical Association call on the Congress of the United States to amend the laws and regulations pertaining to Public Law 89-97 to specifically permit direct billing on all Title XIX cases.

ACTION: *Adopted.*

Referred to: AMA Delegation.

1 1 1

PROTECTIVE HELMETS FOR MOTORCYCLISTS

Resolution No. 60-68 Committee 3B

Introduced by: Laurance A. Mosier, M.D.

Representing: Orange County Medical Association

WHEREAS, the motorcycle accident rate is twice the automobile accident rate, the death rate is 11-18 times higher; and

WHEREAS, approximately two-thirds of the deaths from motorcycles could be prevented by the

use of adequate protective helmets; and

WHEREAS, New York, Michigan, Georgia and several other states and all U.S. Military bases require the use of protective headgear when riding a motorcycle; and

WHEREAS, the cost of suitable helmets meeting the criteria of the American Standards Association (such as the Z-90.1-1966) is reasonable; and

WHEREAS, the California Medical Association has previously supported efforts to secure legislation requiring protective helmets for motorcyclists; and

WHEREAS, the California Medical Association Committee on Automotive and Traffic Safety desires reaffirmation of this endorsement; now, therefore, be it

Resolved: That the California Medical Association reaffirm its supportive efforts to secure legislation in California requiring the use by motorcyclists of protective helmets meeting the criteria of the American Standards Association and approved by the California Highway Patrol; and be it further

Resolved: That the California Medical Association support the passage of Senate Bill 111 (Dills Bill) and A.B. 289 (Forand and Deddeh) regarding the use of helmets by motorcyclists.

ACTION: *Adopted.*

Referred to: Committee on Legislation.

1 1 1

PL 89-749 AND 90-174 (COMPREHENSIVE HEALTH PLANNING)

Resolution No. 61-68

Committee 3A

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

ACTION: *See Resolution No. 93-68 with which this resolution was combined.*

1 1 1

TREATMENT OF OBESITY

Resolution No. 62-68

Committee 3B

Introduced by: William W. Waring, M.D.

Representing: Mendocino-Lake Medical Society

WHEREAS, increasing effort is being put into the search for new methods of regulating medical practice with the admirable intent of insuring the public a uniformly high quality of medical care; and

WHEREAS, there is a continuing need for medicine to demonstrate its competence in protecting the public against hazardous and unsound practice; and

WHEREAS, there is a significant and increasingly publicized problem with a certain minority of phy-

sicians who limit their practice to treatment of obesity; and

WHEREAS, digitalis, prolonged diuretic administration and toxic doses of thyroid, as well as other potentially dangerous therapeutic modalities, have no rational basis in the treatment of obesity alone; and

WHEREAS, office dispensing of drugs for obesity, which are readily available to patients through ethical pharmaceutical channels, is to be condemned; and

WHEREAS, in all instances where strong and potentially dangerous agents are administered, it is important to closely monitor the patient's response to these agents; now, therefore, be it

Resolved: That the Council of the CMA be directed to conduct an investigation of this type of practice for the purpose of safeguarding and informing the public; and be it further

Resolved: That the Council of the CMA, at its discretion, disseminate information through appropriate channels to the public, and be it further

Resolved: That the CMA Delegation introduce a similar request to the AMA House of Delegates.

ACTION: *Above substitute resolution adopted.*

Referred to: Scientific Board; AMA Delegation.

1 1 1

ANTICIPATION FOR FEDERAL PRESSURE FOR HEALTH LEGISLATION

Resolution No. 63-68

Committee 3A

Introduced by: Arthur Ablin, M.D.

Representing: Marin Medical Society

WHEREAS, the trend in federal legislation indicates that in the not-too-distant future extension of Medicare-like legislation to include people below 65 will occur; and

WHEREAS, anticipated and observed shortcomings of the Medicare Program have been experienced; and

WHEREAS, organized medicine can best influence such legislation if it anticipates the pressure which will occur for it and acts now to formulate a health program for people under 65 which will effectively and acceptably utilize the private sector; now, therefore, be it

Resolved: That

a. The CMA direct an appropriate committee to meet this challenge; and

b. It instruct its AMA Delegates to advise the AMA of the desirability of having a similarly directed committee.

ACTION: *Referred to Council for further referral to the Commission on Medical Services.*

Referred to: Commission on Medical Services.

1 1 1

MAINTENANCE OF PHYSICIAN COMPETENCE

Resolution No. 64-68

Committee 3

Introduced by: Marin Medical Society

WHEREAS, the periodic relicensing of physicians, based upon the certification of acceptable performance in continuing education programs or upon challenge examinations, has been recommended by the National Advisory Commission on Health Manpower as a means of maintaining the competence of physicians; now, therefore, be it

Resolved: That the Scientific Board of the CMA study the problem of maintaining the competence of physicians, study the possible solutions to the problem, including relicensure, and make appropriate recommendations to the Council.

ACTION: *Adopted.*

Referred to: Scientific Board.

1 1 1

NEW PHYSICIANS AND THE CMA

Resolution No. 65-68

Committee 3B

Introduced by: Marin Medical Society

WHEREAS, physicians just entering the private practice of medicine, though welcomed into our county, state and national medical societies, usually do not become active in society affairs for many years; and

WHEREAS, such new physicians in the community represent new thought, innovation and imagination; and

WHEREAS, their talents are being largely lost for years to our medical society; now, therefore, be it

Resolved: That the CMA investigate ways of drawing new member physicians into its organization to participate at all levels of deliberation and decision making.

ACTION: *Adopted.*

Referred to: Committee on Organizational Review and Planning.

1 1 1

ENCOURAGING HIGH SCHOOL STUDENTS IN MEDICINE AS A CAREER

Resolution No. 66-68

Committee 3B

Introduced by: Marin Medical Society

WHEREAS, the need for more physicians is continually increasing due to such factors as an expanding population, a broadening spectrum of treatable diseases, and an increasing demand for a

high level of medicine at all economic strata; now, therefore, be it

Resolved: That the CMA actively encourage and support component medical societies in forming organizations such as Future Doctor Clubs in order to interest top caliber high school students in the pursuit of medicine as a career.

ACTION: *Adopted.*

Referred to: Commission on Communications.

1 1 1

DANGEROUS DRUGS

Resolution No. 67-68

Committee 3

Introduced by: Joseph E. Turner, M.D.

Representing: Monterey County Delegation

WHEREAS, the possession and use of alcohol, a dangerous drug, is legal; and

WHEREAS, the possession and use of marijuana, a similarly dangerous drug, is a felony; and

WHEREAS, the possession and use of LSD, an admittedly more dangerous drug, is a misdemeanor; and

WHEREAS, the potential felony indictment for possession and use of marijuana has failed as a deterrent for thousands of adolescents; and

WHEREAS, focus upon the user of marijuana distracts our limited law enforcement agencies from solution of serious and significant crimes which are increasing in number; and

WHEREAS, the emphasis on the use of marijuana has created distrust and dissension in American homes of all socio-economic classes; now, therefore, be it

Resolved: That the CMA Council immediately establish a committee charged with the objective study of the pharmacology, physiology, and pathology of the drug marijuana, in order that the CMA may function as a responsible source of medical information to the state legislature; and be it further

Resolved: That the members of the committee prepare a written report for distribution to the House of Delegates at least thirty (30) days prior to the next annual meeting.

ACTION: *Referred to Scientific Board for further study.*

Referred to: Scientific Board.

1 1 1

MEDICAL ECONOMICS

Resolution No. 68-68

Committee 3A

Introduced by: Franklin Murphy, M.D.

Representing: Butte-Glenn Medical Society

WHEREAS, the economic problems associated

with the dissemination of health care services have become a social issue of foremost magnitude; and

WHEREAS, monumental changes in health care services are now being planned and accomplished without consultation and/or representation by organized medicine; and

WHEREAS, our commitment to mainstream medical care for everyone cannot be fulfilled unless new mechanisms for the medical care transaction are created; now, therefore, be it

Resolved: That

1. The CMA House of Delegates hereby declares that it considers the economic problems associated with the dissemination of health care services to be of paramount importance.

2. The Medical Services Commission and the Bureau of Research and Planning are instructed to study these problems in depth.

3. A report be submitted to the 1969 House of Delegates.

ACTION: *Referred to Council for further referral to the Commission on Medical Services and the Bureau on Research and Planning.*

Referred to: Commission on Medical Services; Bureau of Research and Planning.

1 1 1

NURSES TRAINING

Resolution No. 69-68

Committee 3B

Introduced by: Marshall Stonestreet, M.D.

Representing: Orange County Medical Society

Resolved: That the California Medical Association promote legislation that will require one year of internship to all Registered Nurses who are graduates with an A.A. degree (two year school) or with a B.A. degree (four year school), or the equivalent.

ACTION: *Above resolution amended and referred to the Commission on Allied Health Professions and Services.*

Referred to: Commission on Allied Health Professions.

1 1 1

MULTIPHASIC SCREENING PROGRAMS

Resolution No. 70-68

Committee 3B

Introduced by: Richard Wilbur, M.D.

ACTION: *See Resolution No. 31-68 with which this resolution was combined.*

Referred to: Commission on Community Health Services.

REIMBURSEMENT FOR INDIVIDUAL AND "LATE ENROLLEE" ATTENDING PHYSICIANS STATEMENTS

Resolution No. 71-68

Committee 3A

Introduced by: Richard Wilbur, M.D.

WHEREAS, most insurance companies have been reluctant to pay an appropriate fee for the preparation of "Attending Physicians Statements" for "late enrollees"; and

WHEREAS, the Chairman of the Northern California Medical Relations Committee of the Health Insurance Council has recently written, "we feel that such reimbursement is proper regardless of the company's reason for requesting the report"; now, therefore, be it

Resolved: That the California Medical Association recommends that all Attending Physicians Statements prepared for insurance companies be subject to the payment of an adequate fee regardless of the reason for the request and regardless of the fact that the individual may be a "late enrollee"; and be it further

Resolved: That the California Medical Association initiate correspondence with the various insurance companies involved and the Health Insurance Council requesting a change in the present policy since the cost for these services should be included in normal underwriting expenses.

ACTION: *Adopted as amended and referred to Council for further referral to the Commission on Medical Services.*

Referred to: Commission on Medical Services.

1 1 1

ECONOMICS

Resolution No. 72-68

Committee 3A

Introduced by: E. Kenneth Smith, M.D.

Representing: Humboldt-Del Norte County Medical Society

WHEREAS, medicine is continuously being criticized by public officials, legislators and the press for the rapid escalation of medical costs; and

WHEREAS, the many factors involved in this escalation, including deficit governmental spending with the resultant inflation, devaluation of the dollar and rising taxation, as well as the effects of scientific advances and advances in public demands on the time of physicians; now, therefore, be it

Resolved: That the Council of the California Medical Association institute an educational and informational program for federal and state officials, legislators, physicians, and appropriate groups of the general public, offering factual information, both historical and current, demonstrating

the effect of inflation, graduated income taxes, reduced productivity created by different time demands in current modes of practice and any other related items in the determination of fees by the individual practitioner.

ACTION: *Referred to the Council.*

Referred to: Division of Government Relations.

1 1 1

MEDICAL SERVICES REVIEW COMMITTEES

Resolution No. 73-68 Committee 3A

Introduced by: George C. Andersen, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, many members of our Association have labored long and diligently on medical services review committees in an attempt to help the State of California in its Medi-Cal Program, to assure, insofar as possible, mainstream care for the recipients of public welfare; now, therefore, be it

Resolved: That the CMA House of Delegates expresses its gratitude on behalf of the membership at large for the unselfish contribution of those of our members who have served on medical services review committees.

ACTION: *Adopted.*

1 1 1

PATIENT CARE AND RESPONSIBILITY

Resolution No. 74-68 Committee 3A

Introduced by: George C. Andersen, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, there has been and continues to be much concern regarding third party, especially governmental, intrusion into the traditional American physician-patient relationship and its attendant responsibilities; and

WHEREAS, there is continuing dialogue in an attempt to rationalize third party restrictions of quality and quantity of medical services while still providing mainstream medical care; now, therefore, be it

Resolved: That this House of Delegates reaffirms the inescapable responsibility of every physician, who undertakes a patient's care, to provide that patient with the best care within the capacity of the physician; and be it further

Resolved: That while each physician is free to choose his participation in any program, governmental or otherwise, that once he has accepted a given patient's care that it is his responsibility to make available the finest quantity and quality care within his capacity. He cannot abdicate this re-

sponsibility, dilute or restrict it, in the name or guise of third party restrictions or interference.

ACTION: *Adopted.*

1 1 1

PHYSICIAN PARTICIPATION IN THIRD PARTY MEDICINE

Resolution No. 75-68

Committee 3A

Introduced by: George C. Andersen, M.D.

Representing: Los Angeles County Medical Association

Resolved: That the California Medical Association reaffirms its support of the right, privilege and duty of each individual member to participate or not participate in any third party programs, including governmental, as the individual physician's conscience deems proper.

ACTION: *Adopted.*

1 1 1

CMA'S POSITION ON FREE CHOICE

Resolution No. 76-68

Committee 3A

Introduced by: George C. Andersen, M.D.

Representing: Los Angeles County Medical Association

ACTION: *Not adopted.*

1 1 1

DESIGNATION OF THE PHRASE (USUAL, CUSTOMARY, REASONABLE)

Resolution No. 77-68

Committee 3A

Introduced by: Frank R. Gondek, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, the CMA House of Delegates has adopted a resolution defining the meaning of the terms usual, customary, reasonable, in its Resolution No. 6, 1963; and

WHEREAS, by Resolution No. 21, 1964, the House of Delegates amended the definition of the term reasonable by changing "and" to "or," to read, a fee is "reasonable" when it meets the above two criteria (usual, customary), or in the opinion of the responsible Medical Association's Review Committee, is justifiable considering the special circumstances of the particular case in question; now, therefore, be it

Resolved: That the "Definition of Terms," Usual, Customary, Reasonable, approved by this House of Delegates in Resolution No. 21, 1964, hereafter be designated by the official phrase "Usual, Customary, or Reasonable."

ACTION: *Adopted.*

MILK PASTEURIZATION

Resolution No. 78-68

Committee 3

Introduced by: Lewis T. Bullock, M.D.

Representing: Los Angeles County Medical Association

ACTION: *Withdrawn by author.*

1 1 1

SOCIAL ECONOMIC RESEARCH

Resolution No. 79-68

Committee 3A

Introduced by: Homer C. Pheasant, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, the Commission on Cost of Medical Care of the AMA did in June of 1964 present conclusions and recommendations to the Board of Trustees and expressed the hope "that the recommendations which are approved will help promote the wisest possible use of the medical care dollar and aid in the development of more meaningful data on the cost of medical care"; and

WHEREAS, the Commission further concluded that "there is a need for additional studies and qualified persons in the field of medical economics"; and

WHEREAS, Report F of the Board of Trustees, December 1964, though generally approving the Commission's recommendations did, however, modify and change it to conform to existing AMA facilities and staffing; and

WHEREAS, subsequent changes in the staffing and organizational structure of AMA did largely attenuate the effectiveness of these recommendations in that either these recommendations have been overlooked or neglected as to the intent of the House for a continuation and further studies in the field of social economics; and

WHEREAS, the cost of medical care continues to be a subject of major concern to all people in the United States; and

WHEREAS, in November of 1967 the AMA House of Delegates did recommend "that a committee of physicians approved by the Board of Trustees of the AMA or that a present existing council or commission of the AMA be instructed to study all methods of delivery of health care services presently in use; and *such new methods as may be proposed or developed*"; now, therefore, be it

Resolved: That this House of Delegates requests that the Board of Trustees of AMA review these prior activities of both themselves and this House, and take appropriate immediate action, either through the Department of Health Services of AMA, or through existing councils or committees; and be it further

Resolved: That the Board of Trustees of the AMA be requested to report to the House of Delegates of the American Medical Association at the June, 1968, Annual Session on action which they have taken pursuant to this resolution.

ACTION: *Adopted.*

Referred to: AMA Delegation.

1 1 1

MEDICAL EXAMINER

Resolution No. 80-68

Committee 3B

Introduced by: Lewis T. Bullock, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, the law of the State of California requires every county to have a Coroner; and

WHEREAS, the Medical Examiner System is generally recognized as being a more efficient and reliable method of determining the cause of deaths which occur under medico-legal circumstances; now, therefore, be it

Resolved: That the Legislative Committee of the California Medical Association be requested to have legislation introduced which would allow any county so desiring to establish a Medical Examiner in place of a Coroner; and be it further

Resolved: That such Medical Examiner be required to be a pathologist; and be it further

Resolved: That the Legislative Committee report to the CMA Council of action taken before the 1969 House of Delegates Meeting.

ACTION: *Adopted.*

Referred to: Commission on Legislation.

1 1 1

PSYCHOLOGICALLY DISTURBED AND NEUROLOGICALLY HANDICAPPED CHILDREN

Resolution No. 81-68

Committee 3

Introduced by: Edward D'Orazio, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, for the past year a special committee of the Southeast District of the Los Angeles County Medical Association has examined the various aspects of diagnosis, treatment and rehabilitation of psychologically disturbed and neurologically handicapped children in the Southeast District area specifically, and the greater Los Angeles area generally; and

WHEREAS, this study has confirmed that a significant number of children are so handicapped; and, that a large percentage of these youngsters can be assisted through qualified initiative and continuing medical diagnosis and treatment in concert with specialized educational programs when appropriate; and

WHEREAS, this study has determined that there is an increasing and continuing need to stimulate an awareness of and specialized knowledge about these problems among the medical profession; and to encourage cooperative coordinated efforts between the medical profession, educators and others; and

WHEREAS, this study has concluded that these problems may not be limited to Los Angeles County, but, in fact may exist throughout the State of California; now, therefore, be it

Resolved: That the California Medical Association and its component medical societies exert every effort in all appropriate areas to encourage the effective dissemination of information and the coordinated, cooperative and professional resolution of problems affecting the diagnosis, treatment and rehabilitation of psychologically disturbed and neurologically handicapped children.

ACTION: *Adopted as amended.*

Referred to: Committee on Mental Health.

1 1 1

CIGARETTE SMOKING

Resolution No. 82-68 Committee 3

Introduced by: Albert Fields, M.D.

Representing: Los Angeles County Medical Association

ACTION: *No action was taken on this resolution.*

1 1 1

PROFESSIONAL LIABILITY

Resolution No. 83-68 Committee 3B

Introduced by: Albert Fields, M.D.

Representing: Los Angeles County Medical Association

ACTION: *Not adopted.*

1 1 1

SENATE RESOLUTION 356

Resolution No. 84-68 Committee 3B

Introduced by: Albert Fields, M.D.

Representing: Los Angeles County Medical Association

Resolved: That California Senate Resolution 356 be commended by the CMA House of Delegates.

ACTION: *Above substitute resolution adopted.*

Referred to: Staff for implementation.

1 1 1

CHIROPRACTORS

Resolution No. 85-68 Committee 3A

Introduced by: Albert Fields, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, the practice of chiropractic is an un-

scientific cult that impedes quality medical care; now, therefore, be it

Resolved: That this House support legislation prohibiting the payment of Medi-Cal, Medicare, Workmen's Compensation, Veterans Administration, and other funds to chiropractors and other unscientific cults.

ACTION: *Adopted and referred to the Council for further referral to the Committee on Legislation.*

Referred to: Committee on Legislation.

1 1 1

CPS REGULATION

Resolution No. 86-68 Committee CPS

Introduced by: Gordon T. Bowen, M.D.

Representing: Los Angeles County Medical Association

ACTION: *No action was taken on this resolution.*

1 1 1

PROPRIETARY HOSPITALS

Resolution No. 87-68 Committee 3B

Introduced by: Walter P. Ellerbeck, M.D.

Representing: Los Angeles County Medical Association

ACTION: *See Resolution No. 3-68 with which this resolution was combined.*

Referred to: Commission on Hospital Affairs.

1 1 1

PUBLIC LAW 89-749

Resolution No. 88-68 Committee 3A

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

ACTION: *See Resolution No. 93-68 with which this resolution was combined.*

1 1 1

NATIONAL ADVISORY COMMISSION ON HEALTH MANPOWER

Resolution No. 89-68 Committee 3B

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

ACTION: *No action was taken on this resolution.*

1 1 1

USUAL, CUSTOMARY OR REASONABLE FEE

Resolution No. 90-68 Committee 3A

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

Resolved: That the House of Delegates of the California Medical Association reaffirms its policy that the acceptable method of reimbursement by a third party should be on the basis of the usual, customary, or reasonable fee concept as previously defined by the House of Delegates.

ACTION: *Adopted.*

**DEVELOPMENT OF STATISTICS
BY ORGANIZED MEDICINE**

Resolution No. 91-68

Committee 3A

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, strong and growing pressures are being placed upon the medical profession to bring about its socialization; and

WHEREAS, many studies and data are being developed and widely promoted which would indicate that American medicine is in default or deficient or generally lacking in quality; and

WHEREAS, the majority of these studies are produced by federal bureaus or government sponsored agencies who believe in the state control of medicine; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association strongly reaffirms its belief that a free medical profession provides the best care at the most economical cost and urges the American Medical Association to use its resources in the immediate development of unbiased studies which will honestly confirm or countermand the statements of the Department of Health, Education and Welfare and other similar agencies.

ACTION: *Referred to Council for information.*

Referred to: Bureau of Research and Planning for information.

1 1 1

**DEVELOPMENT OF COST STATISTICS FOR
PRIVATE VERSUS PUBLIC MEDICAL CARE**

Resolution No. 92-68

Committee 3A

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, many studies and statements are being produced by government agencies and bureaus which purportedly show that the cost of private medical care is too high; and

WHEREAS, such studies inevitably indicate that the cost of private medical care, including doctors' fees, is too high; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association authorizes the Council of the Association to develop an independent fact finding study, which will report and make available to the membership and duly recognized organizations the true cost of private and public medical care; and be it further

Resolved: That such a study specifically contrast the cost of physicians' services on an in-patient and out-patient basis as well as the cost of proprietary

hospitals and government sponsored hospitals, such as those under the Veterans Administration.

ACTION: *Referred to Council for information.*

Referred to: Bureau of Research and Planning for information.

1 1 1

PUBLIC LAW 89-749

Resolution No. 93-68

Committee 3A

Introduced by: Frank A. Rogers, M.D., and Jean F. Crum, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, Public Law 89-749 (Comprehensive Health Planning) provides many opportunities for physician involvement and participation in the myriad activities related to personal and environmental health services; and

WHEREAS, the CMA Council adopted a policy statement of its ad hoc Task Force on P.L. 89-749 encouraging the leadership of component medical societies in the formation of areawide and regional voluntary comprehensive health planning councils; now, therefore, be it

Resolved: That the medical profession seek adequate representation on such councils and on their consultative committees; and be it further

Resolved: That the activities engaged in seeking to overcome existing deficiencies, wherever they are found, with respect to health services, manpower, and facilities; and be it further

Resolved: That the California Medical Association will attempt to work toward the improvement of P.L. 89-749 in order to make it a more effective instrument for comprehensive health planning; and be it further

Resolved: That the California Medical Association pursue corrective action through regulatory or legislative modification whenever regulations are promulgated which would interfere with sound medical practice.

ACTION: *Above substitute resolution adopted.*

Referred to: Task Force on Public Law 89-749 and AMA Delegation.

1 1 1

PHYSICIANS UNDER MEDICAL PROGRAM

Resolution No. 94-68

Committee 3A

Introduced by: Harry E. Hill, M.D.

Representing: Los Angeles County Medical Association

ACTION: *Because of its similarity with Resolution No. 28-68 no action was taken on this resolution.*

MAINSTREAM MEDICAL CARE

Resolution No. 95-68 Committee 3A
Introduced by: Charles D. Kranzdorf, M.D.
Representing: Los Angeles County Medical Association
ACTION: No action was taken on this resolution because of its similarity with Resolution No. 42-68.

1 1 1

BILLING PROCEDURES

Resolution No. 96-68 Committee 3A
Introduced by: R. Reed Austin, M.D.
Representing: Los Angeles County Medical Association
Resolved: That the members of the California Medical Association House of Delegates in regular session March 23 to 27, 1968, declare billing procedures under Title XIX unacceptable and urge both physicians and patients to work through their Congressmen to correct this inequitable situation by making billing procedures under Title XIX the same as those now under Title XVIII.

*ACTION: Adopted as amended.
Referred to: AMA Delegation.*

1 1 1

NEW BLUE SHIELD PROFESSIONAL PLAN

Resolution No. 97-68 Committee CPS
Introduced by: Wilbur G. Rogers, M.D.
Representing: Los Angeles County Medical Association

Resolved: That Blue Shield be commended for its efforts to develop a more satisfactory professional plan for physicians and their employees in response to the wishes of the House of Delegates; and be it further

Resolved: That the Blue Shield Board of Trustees be requested to conduct a continuing survey among California physicians to determine the various types of coverage desired in order to provide a base for future Blue Shield offerings of a health plan for physicians and their employees.

*ACTION: Above substitute resolution adopted.
Referred to: Blue Shield Board of Trustees.*

1 1 1

PAYMENT UNDER MEDICARE

Resolution No. 98-68 Committee 3A
Introduced by: Donald A. Adams, M.D.
Representing: Los Angeles County Medical Association

WHEREAS, it has apparently been the policy for Medicare insurance carriers to decline payment for certain *necessary* consultation; and

WHEREAS, insurance carriers have declined payment for certain *necessary* medical care of critically ill patients; and

WHEREAS, Medicare insurance carriers have declined payment to more than one doctor when such auxiliary medical care is *necessary*; now, therefore, be it

Resolved: That the CMA House of Delegates recommend to the AMA that Medicare, through its insurance carriers, be required to pay for *necessary* extended and auxiliary care, and consultation.

*ACTION: Referred to the Council.
Referred to: Commission on Medical Services.*

1 1 1

REVIEW PANELS IN MALPRACTICE INSURANCE

Resolution No. 99-68 Committee 3B
Introduced by: George Evashwick, M.D.
Representing: Los Angeles County Medical Association
ACTION: No action was taken on this resolution.

1 1 1

AFFIRMATION

Resolution No. 100-68 Committee 3
Introduced by: San Francisco Delegation
ACTION: Withdrawn by author.

1 1 1

WILBUR J. COHEN, ACTING SECRETARY OF HEW

Resolution No. 101-68 Committee 3A
Introduced by: Frank A. Rogers, M.D.; George C. Anderson, M.D.
Representing: Los Angeles County Medical Association

Be It Resolved: That the medical profession of California, through its House of Delegates here assembled, vigorously opposes the appointment of Wilbur J. Cohen to serve as the Secretary of Health, Education, and Welfare; and be it further

Resolved: That an all-out effort be made to have his appointment rejected by the Senate of the United States by:

1. Encouraging immediate communications from our membership and their friends to our U.S. Senators;

2. The sending of a formal telegram from the California Medical Association to the American Medical Association encouraging a similar campaign by all state societies;

3. The immediate communication of the first Resolve to each state medical society, the President of the United States, and the Senators from California; and

4. If time permits, instructing the Delegation from California to introduce a similar resolution

to the American Medical Association at its annual convention in June, 1968.

ACTION: *Above substitute resolution adopted.*

Referred to: Speaker and AMA Delegation.

1 1 1

REGULATIONS FOR SAFETY IN SCHOOL BUSES

Resolution No. 102-68

Committee 3B

Introduced by: Herman Stone, M.D.

Representing: Riverside County Medical Association

WHEREAS, 16 million (16,000,000) school children are transported daily by school buses over the city streets and rural highways of our nation; and

WHEREAS, fifty (50) children were killed and three thousand eight hundred (3,800) children were injured in school bus accidents in a recent year; and

WHEREAS, the UCLA Institute of Traffic and Transportation Engineering has recently completed exhaustive studies on "School Bus Passenger Protection to the Society of Automotive Engineers" (publication #670040); now, therefore, be it

Resolved: That the minimum standards for school buses in California should include:

1. Lap-type seat belts for all passengers. (The cross-chest lap-belt combination is not recommended for school bus passengers.)

2. Seat back height should be no less than 28 inches to provide adequate head support.

3. Seat anchorages should not fail from forward decelerations under 30 G.

4. Rigid structures should be padded with a minimum of ½ inch padding.

5. All vehicles classified as buses should include collision-resistant structure at both passenger car and truck bumper height.

6. Windows, preferably of a laminated glass with a high-energy interlayer, should stay in place and not pop out on impact.

7. Rigid protruding structures and force amplifying structures should be eliminated from the interior of the bus, where possible.

8. No standees should be permitted during transport of passengers.

9. School buses need at least four full-size emergency escape routes. Passengers should be acquainted with their location, and drilled in their emergency use.

ACTION: *Referred to Council for further referral to the Committee on Automotive and Traffic Safety.*

Referred to: Committee on Automotive and Traffic Safety.

CPS BYLAWS CHANGE

Resolution No. 103-68

Committee CPS

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

ACTION: *Withdrawn by author.*

1 1 1

PHYSICIAN UTILIZATION OF RURAL HOME HEALTH RESOURCES

Resolution No. 104-68

Committee 3

Introduced by: L. J. Snyder, M.D.

Representing: Fresno County

WHEREAS, organized medicine has long endorsed the concept of home health care and current health needs require the most economical use of health manpower and facilities in rural and urban areas consistent with quality care; and

WHEREAS, state and local medical societies are properly concerned with the availability and adequacy of rural health care services which support the work of the physician; now, therefore, be it

Resolved: That the California Medical Association formulate and help to implement, through the county medical societies, a program to encourage physicians to utilize rural home health services with local control as they deem advisable in their communities.

ACTION: *Adopted.*

Referred to: Commission on Community Health Services.

1 1 1

MARIJUANA

Resolution No. 105-68

Committee 3

Introduced by: Howard W. Lindsey, M.D.

Representing: San Mateo County Medical Society

WHEREAS, marijuana is known to be a dangerous drug; and

WHEREAS, the present laws making its possession a felony are sometimes inappropriate and hinder the efforts of the courts, the police and the community in effectively dealing with the problems of its usage; now, therefore, be it

Resolved: That the CMA (a) advise the legislators of the need for review of the laws relating to marijuana, (b) recommend that marijuana be considered as a dangerous drug inviting dependency rather than a narcotic drug, and (c) that the courts be given the discretion to consider the possession of marijuana as a felony or a misdemeanor, as they see fit for effective punishment.

ACTION: *Above substitute resolution adopted as amended.*

Referred to: Committee on Legislation.

LABORATORY MEDICINE

Resolution No. 106-68 Committee 3B

Introduced by: Osman H. Hull, M.D.

Representing: Monterey County Medical Society

WHEREAS, pathology, anatomical and clinical (Laboratory Medicine), developed in and is an integral part of medicine and its practice; and

WHEREAS, the growth in depth and breadth of medical knowledge has increased the utilization of and the dependence on laboratory medicine to maintain best patient care; and

WHEREAS, the technical component of laboratory medicine, test performance, may be properly and wisely delegated to specially trained and highly skilled paramedical personnel; and

WHEREAS, the performance of the professional components of laboratory medicine—selection, interpretation and application of the results of tests—demands a medical education and can be done only by physicians; now, therefore, be it

Resolved: That the California Medical Association reaffirm its time-honored stand that the practice of laboratory medicine is part of the practice of medicine, and that because of its increasing importance to patient care, involving mutual collaboration of physicians, the clinical laboratory must be directed actively by a physician.

ACTION: *Adopted as amended.*

1 1 1

CHANGE IN CALIFORNIA PHYSICIANS' SERVICE BYLAWS

Resolution No. 107-68 Committee CPS

Introduced by: Richard S. Wilbur, M.D.

Representing: California Blue Shield

Resolved: That Chapter X, Section 1, of the Bylaws of California Physicians' Service be amended to read as follows:

"Chapter X—Funds; Section 1—Investment of Funds—

"Funds of this corporation not required for current operating expenses may be invested prudently in public or corporate securities, with reasonable diversification; provided that, not more than twenty-five percent of invested funds may be represented by unsecured corporate shares."

ACTION: *Adopted.*

Referred to: Blue Shield Board of Trustees.

1 1 1

BUSINESS & PROFESSIONS CODE

Resolution No. 108-68 Committee 3B

Introduced by: San Francisco Delegation

ACTION: *See Resolution No. 19-68 with which this resolution was combined.*

THERAPEUTIC ABORTION

Resolution No. 109-68 Committee 3

Introduced by: San Francisco Delegation

Resolved: That the California Medical Association encourage legislation which will allow therapeutic abortion to be done when there is substantial risk of grave physical or mental defect in the product of conception.

ACTION: *Adopted as amended.*

Referred to: Committee on Legislation.

1 1 1

FINANCIAL SUPPORT, THE CALIFORNIA TUMOR TISSUE REGISTRY

Resolution No. 110-68 Committee 2

Introduced by: Jean F. Crum, M.D.

ACTION: *Withdrawn by author.*

1 1 1

MALCOLM C. TODD, M.D.

Resolution No. 111-68 Committee 3

Introduced by: The Council

WHEREAS, the American Medical Association House of Delegates approved the establishment of the American Medical Political Action Committee in 1961 as an independent, voluntary, non-profit and bipartisan organization to promote political education and political action; and

WHEREAS, the California delegation to the 1962 clinical session of the AMA provided the initial stimulus for an annual national AMPAC membership campaign; and

WHEREAS, Doctor Malcolm C. Todd has served as a distinguished member of the AMPAC National Board of Directors for six years and is still active on that board; and

WHEREAS, Doctor Todd also served as President of the Public Health League of California and later became the first chairman of the independent California Medical Political Action Committee (CALPAC); and

WHEREAS, Doctor Todd has dedicated himself for many years to alerting physicians and their wives to the vital necessity for becoming effectively involved in political education and political action; now, therefore, be it

Resolved: That this House of Delegates warmly commends Doctor Todd for his invaluable contributions to medicine's now fully respected position as a sophisticated participant in political activities; and be it further

Resolved: That the members of this House of Delegates urge the leaders of local medical organizations to renew their endorsement of CALPAC

and AMPAC and accelerate their efforts to assure the continued growth and effectiveness of these vital organizations.

ACTION: Adopted.

Referred to: Division of Government Relations.

1 1 1

ALCOHOLISM

Resolution No. 112-68

Committee 3B

Introduced by: Lewis T. Bullock, M.D.

Resolved: That the California Medical Association strongly urges that each local medical society appoint a Committee on Alcoholism.

ACTION: Adopted.

Referred to: Medical Executives Conference and Component Society Presidents.

1 1 1

CARRIER CONCEPT AND PHYSICIAN REIMBURSEMENT UNDER MEDI-CAL

Resolution No. 113-68

Committee 3A

Introduced by: Albert G. Miller, M.D.

Representing: The Council

WHEREAS, Medi-Cal legislation as enacted into law stipulates that the State shall, to the extent feasible, contract with carriers to provide or arrange services through health benefit plans; and

WHEREAS, the law further provides that in determining the reasonable charge for a physician's services, there shall be taken into consideration the customary charge for similar services generally made by the physician, as well as the prevailing charges in the locality for similar services thereby making available to indigent and medically indigent people mainstream medical care; and

WHEREAS, the California Medical Association strongly supported these principles in urging the enactment of this law; and

WHEREAS, these principles allow and make it possible for the State to benefit from extensive carrier medical administrative experience and also to gain the necessary cooperation of the medical profession with its system of "peer review committees" which assist the carrier in properly assessing and adjudicating charges for physicians' services; and

WHEREAS, the Federal law clearly establishes the role of the carrier as a buffer between government and vendors of health care services, as well as establishing the concept of vendor reimbursement for services on the basis of customary and prevailing charges; and

WHEREAS, these accepted standards would be eliminated by the enactment of certain current proposals; and

WHEREAS, such proposals would negate the in-

tent of the Medi-Cal program, eliminate mainstream care, seriously impair the administration of the program, and directly jeopardize physician cooperation in the program; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association reaffirms its previous position on the principle of free choice of physician and facility, the necessity of maintaining the role of the carrier, the principle of physician reimbursement for services based on usual and customary charges; and be it further

Resolved: That the California Medical Association cannot advise its membership, the legislature or the general public to support any program unless these essential elements are retained; and be it further

Resolved: That copies of this resolution be forwarded to the Governor of the State of California, the President of the State Senate, the Speaker of the State Assembly, the Chairman of any State Legislative Committees involved in Medi-Cal hearings or studies, and to all Directors of State agencies involved in the administration of the Medi-Cal program.

ACTION: Adopted.

Referred to: Division of Government Relations for transmittal.

1 1 1

PREPAYMENT CONCEPT FOR MEDI-CAL

Resolution No. 114-68

Committee CPS

Introduced by: Albert G. Miller, M.D.

Representing: The Council

Resolved: It is the judgment of CMA that the most satisfactory mechanism to pay for physician services for Medi-Cal beneficiaries would be for the State to contract with a carrier under which the State would pay a premium per month, per eligible recipient, and the carrier would pay for physicians' services on a true shared risk basis; and be it further

Resolved: That CMA House of Delegates request Blue Shield to develop such a program to cover payment for physicians' services under Medi-Cal.

Resolved: That the San Joaquin Valley Medical Society and its Foundation for Medical Care be commended for establishing in conjunction with California Blue Shield the first such prepayment bill on record in the United States as of 1 February 1968 in the hope of obtaining statistics and experience which can benefit California medicine in this field.

ACTION: Adopted as amended.

Referred to: CMA Executive Committee; Blue Shield Board of Trustees; Committee on Legislation; Officers of Component Medical Societies.